

SDNY PRO SE OFFICE

2024 JAN 12 PM 4:07

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

JOEL MARICE CLAPP

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

STEVE VAIL, CAPT. NYS COURT OFFICERS
ROCKLAND COUNTY COURTHOUSE
1 SOUTH MAIN ST.

Do you want a jury trial?

☒ Yes ☐ No

NEW CITY, New York, 10956

(SEE DEFENDANT'S
INFORMATION)

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other: NEGLIGENCE / CRUEL PUNISHMENT / DELIBERATE INDIFFERENCE

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

JOEL M. CLAPP
First Name Middle Initial Last Name

NONE
State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

NEW CITY, NY, ROCKLAND COUNTY JAIL I.D. #195970
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

EUGENE J. GREGAN CORRECTIONAL FACILITY
Current Place of Detention

AKA ROCKLAND COUNTY JAIL 55 NEW HEMPSTEAD RD.
Institutional Address

NEW CITY NEW YORK 10956
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

STEVE VAIL
 First Name Last Name Shield #
 CAPT. NYS COURT OFFICERS
 Current Job Title (or other identifying information)
 ROCKLAND COUNTY COURTHOUSE
 Current Work Address
 1 SOUTH MAIN STREET, NEW CITY, NY 10956
 County, City State Zip Code

Defendant 2:

ROCKLAND COUNTY COURT
 First Name Last Name Shield #
 COURTHOUSE
 Current Job Title (or other identifying information)
 1 SOUTH MAIN STREET
 Current Work Address
 NEW CITY, NY, 10956
 County, City State Zip Code

Defendant 3:

LOUIS FACCO III
 First Name Last Name Shield #
 SHERIFF OF ROCKLAND COUNTY
 Current Job Title (or other identifying information)
 55 NEW HEMPSTEAD RD.
 Current Work Address
 NEW CITY, NY, 10956
 County, City State Zip Code

Defendant 4:

KARL MUELLER
 First Name Last Name Shield #
 CHIEF OF CORRECTIONS / ROCKLAND COUNTY JAIL
 Current Job Title (or other identifying information)
 EUGENE S. GROGAN C.F. 55 NEW HEMPSTEAD RD.
 Current Work Address
 NEW CITY, NY 10956
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence:

ROCKLAND COUNTY COURTHOUSE /
ROCKLAND COUNTY JAIL

Date(s) of occurrence:

NOVEMBER 14, 2023

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

(SEE ATTACHED SHEETS /
EXHIBITS)

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

3 DAYS IN NYACK HOSPITAL
NORTH MISCAD AVE
NYACK, NEW YORK, 10960

(SEE ATTACHED SHEETS /
EXHIBITS)

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

COMPENSATORY / PUNITIVE DAMAGES IN
THE AMOUNT OF TEN MILLION DOLLARS.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS


By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

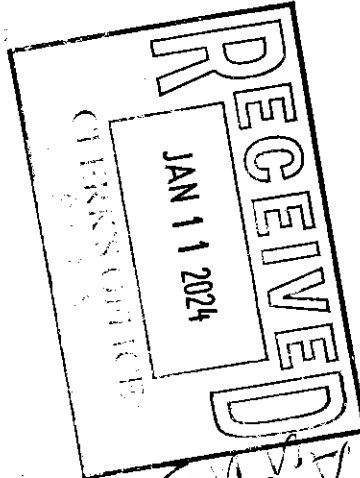
I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

_____		
Dated		Plaintiff's Signature
<u>JOEL</u>	<u>M.</u>	<u>CLAPP</u>
First Name	Middle Initial	Last Name
<u>53 NEW HEMPSTEAD ROAD</u>		
Prison Address		
<u>NEW CITY</u>	<u>NY</u>	<u>10956</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: _____

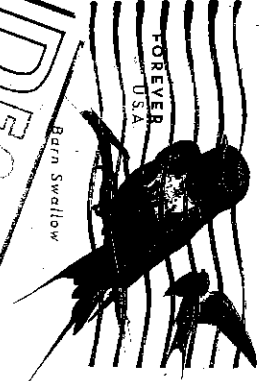
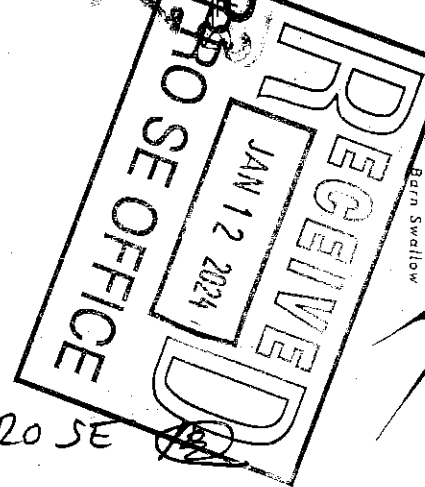
JOEL M. CLAPP #195970
53 NEW HEMPSTEAD RD.
NEW CITY, NY 10956



District Court
Westchester District
500 Park Street
New York, New York 10011



U.S. MAIL
FIRST CLASS
PERMIT NO. 105
NEW YORK, NY



1000781330 0099



PRO SE